

Sunlight is crucial for health; avoiding it doubles mortality rates and cancer risk

By Rhoda Wilson | Aug. 2nd, 2024

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Dermatology's need to create a villain (the sun) to justify its racket is arguably one of the most damaging things the medical profession has done to the world.

Covid has made many realise the insatiable greed of the medical industry. As a result, many now question many of the other exploitative and unscientific practices we are subjected to. "It is my sincere hope our society will begin re-examining dermatology's disastrous war against the sun," A Midwestern Doctor writes.

Skin cancers are the most common cancers in the US, leading to widespread "advice" to avoid the sun. However, the deadliest skin cancers are linked to a lack of sunlight.

The dermatology field, aided by a top marketing firm, rebranded itself as skin cancer (and sunlight) fighters, becoming one of the highest-paid medical specialities. However, despite billions spent annually, skin cancer deaths haven't significantly changed.

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The following is extracted from an article written by [A Midwestern Doctor](#) and published by [Mercola.com](#) on 3 July 2024.

One of the oldest proven therapies in medicine is sunlight exposure, which effectively treated the 1918 influenza,⁶ tuberculosis⁷ and various other diseases.⁸ The success of sunbathing even inspired the development of [ultraviolet blood irradiation](#).

Given its safety, effectiveness, free availability and lack of a lobbyist to protect it, it's hence plausible that those aiming to monopolise medicine would seek to

restrict public access to it. Medicine's campaign against sunlight has been so effective that many are unaware of its benefits, including:

1. Mental health – Sunlight is crucial for mental well-being, notably in conditions like seasonal affective disorder, but its benefits extend further, as unnatural light exposure disrupts circadian rhythms.

2. Cancer prevention – A large epidemiological study⁹ discovered that women with higher solar UVB exposure had half the incidence of breast cancer, and men half the incidence of fatal prostate cancer. This 50% reduction greatly exceeds the effectiveness of current prevention and treatment approaches. Likewise, unnatural light has been repeatedly observed to worsen cancer outcomes.¹⁰

3. Longevity and heart health – A 20-year prospective study of 29,518 Swedish women found that sunlight avoiders were 60% more likely to die overall (and 130% more likely to die than the highest sun exposure group).¹¹ Notably, smokers who got sunlight had the same mortality risk as non-smokers who avoided the sun as the greatest benefit of sunlight exposure is a reduction in death from cardiovascular disease.

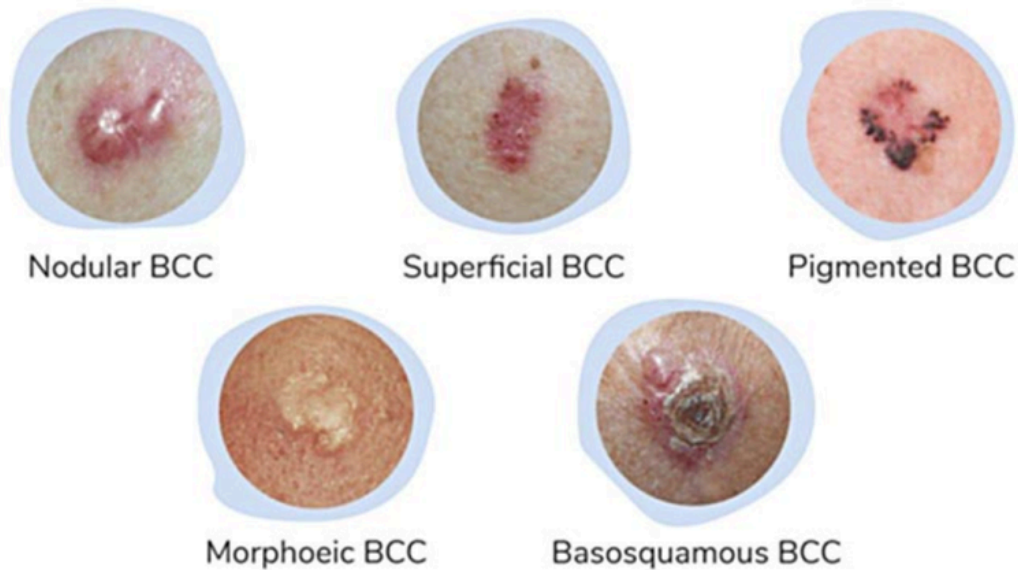
***Note:** The link between losing natural light and conditions such as infertility, diabetes, cancer, poor circulation, depression, ADHD and poor academic performance is discussed further [HERE](#).*

According to the American Academy of Dermatology,¹² skin cancer is the most common cancer in the United States, with current estimates suggesting that 1 in 5 Americans will develop skin cancer in their lifetime. Approximately 9,500 people in the US are diagnosed with skin cancer every day.

The Academy emphasises that UV exposure is the most preventable risk factor for skin cancer, advising people to avoid indoor tanning beds and protect their skin outdoors by seeking shade, wearing protective clothing, and applying broad-spectrum sunscreen with an SPF of 30 or higher.¹³ The Skin Cancer Foundation states that more than two people die of skin cancer in the US every hour,¹⁴ which sounds alarming. Let's break down what all this means.

Basal cell carcinoma ("BCC") is the most common skin cancer, making up 80% of cases,¹⁵ with about 2.64 million Americans diagnosed annually. Risk factors include excessive sun exposure, fair skin and family history. BCC primarily occurs in sun-exposed areas like the face.

BASAL CELL CARCINOMA TYPES (BCC)



BCC rarely metastasises¹⁶ and has a near 0% fatality rate,¹⁷ but it frequently recurs (65%-95%) after removal. The standard excision approach often doesn't address underlying causes, leading to repeated surgeries and potential disfigurement.

While BCCs can grow large if left untreated, they aren't immediately dangerous. Treatment is necessary but not urgent. Alternative therapies can effectively treat large BCCs without disfiguring surgery.

***Note:** Since the covid-19 vaccines came out, I have heard of a few cases of BCC metastasising in the vaccinated, but it is still extraordinarily rare.*

Cutaneous squamous cell carcinoma ("SCC") is the second most common skin cancer, with an estimated 1.8 million cases¹⁸ in the US. Its incidence varies widely due to sunlight exposure, ranging from 260 to 4,970 cases per million person-years. Previously thought to be four times less common than BCC, SCC is now only half as common.



Unlike BCC, SCC can metastasise, making it potentially dangerous. If removed before metastasis, the survival rate is 99%; after metastasis, it drops to 56%. Typically caught early, SCC has an average survival rate of 95%.¹⁹ Around 2,000 people die from SCC each year in the US.²⁰

Note: *Unlike more lethal skin cancers, it is not required to report BCC or SCC. Consequently, there is no centralised database tracking their occurrence, so the official figures are largely estimates.*

Melanoma occurs at a rate of 218 cases per million persons²¹ annually in the United States, with survival rates ranging from 99% to 35% depending on its stage when diagnosed, averaging out to 94%. However, despite only comprising 1% of all skin cancer diagnoses,²² melanoma is responsible for most skin cancer deaths. In total, this works out to a bit over 8000 deaths each year in the United States.²³

Since survival is greatly improved by early detection, many guides online exist to help recognise the common signs of a potential melanoma.



What's critically important to understand about melanoma is that while it's widely considered to be linked to sunlight exposure – it's not. For example:

Patients with solar elastosis, a sign of sun exposure,²⁴ were 60% less likely to die from melanoma.

Melanoma predominantly occurs in areas of the body with minimal sunlight exposure,²⁵ unlike SCC and BCC, which are linked to sun-exposed regions.²⁶ Outdoor workers, despite significantly higher UV exposure, have lower rates of melanoma compared to indoor workers.²⁷

Many sunscreens contain toxic carcinogens^{28,29} (to the point Hawaii banned them to protect coral reefs³⁰). Conversely, existing research indicates widespread sunscreen use has not reduced skin cancer rates.³¹

A mouse study designed to study malignant melanoma found mice kept under simulated daylight develop tumours at a slower and diminished rate compared to those under cool white fluorescent light.³²

There has been a significant increase in many areas from melanoma, something which argues against sunlight being the primary issue as it has not significantly changed in the last few decades. For instance, consider this data from Norway's cancer registry on malignant melanoma³³ (see graph below).



***Note:** In addition to these three cancers, other (much rarer) skin cancers also exist, most of which have not been linked to sunlight exposure.³⁴*

If you consider the previous section, the following should be fairly clear:

- By far the most common “skin cancer” is not dangerous.
- The “skin cancers” you actually need to worry about are a fairly small portion of the existing skin cancers.
- Sunlight exposure does not cause the most dangerous cancers.

In essence, there’s no way to justify “banning sunlight” to “prevent skin cancer,” as the “benefit” from this prescription is vastly outweighed by its harm.

However, a very clever linguistic trick bypasses this contradiction – a single label, “skin cancer,” is used for everything, which then selectively adopts the lethality of melanoma, the frequency of BCC, and the sensitivity to sunlight that BCC and SCC have. This has always really infuriated me, so I’ve given a lot of thought to why they do this.

***Note:** I must emphasise that some skin cancers (e.g., many melanomas) require immediate removal. My point here is not to avoid dermatologists entirely but to consider seeking a second opinion from another dermatologist as there are many excellent and ethical dermatologists out there.*

In the 1980s, dermatology was one of the least desirable specialties in medicine (e.g., dermatologists were often referred to as pimple poppers). Now however, dermatology is one of the most coveted specialties in medicine as dermatologists make 2-4 times as much as a regular doctor, but have a much less stressful

lifestyle. A relatively unknown blog³⁵ by Dermatologist David J. Elpern, MD, at last explained what happened:

Over the past 40 years, I have witnessed these changes in my speciality and am dismayed by the reluctance of my colleagues to address them. This trend began in the early 1980s when the Academy of Dermatology (AAD) assessed its members over 2 million dollars to hire a prominent New York advertising agency to raise the public's appreciation of our speciality.

The mad men recommended “educating” the public on the fact that dermatologists are skin cancer experts, not just pimple poppers; and so the free National Skin Cancer Screening Day was established [through a 1985 Presidential proclamation³⁶].

These screenings serve to inflate the public's health anxiety about skin cancer and led to the performance of vast amounts of expensive low-value procedures for skin cancer and actinic keratosis (AKs).

At the same time, pathologists were expanding their definitions of what a melanoma is, leading to “diagnostic drift” that misleadingly increased the incidence of melanoma while the mortality has remained at 1980 levels. Concomitantly, non-melanoma skin cancers are being over-treated by armies of micrographic surgeons who often treat innocuous skin cancers with unnecessarily aggressive, lucrative surgeries.

This heightened awareness led to a dramatic increase in skin cancer screenings and diagnoses, fuelled by fears instilled in the public about sun exposure. Alongside this, there was a significant expansion in the incredibly lucrative Mohs micrographic surgery,³⁷ promoted as a gold standard for treating skin cancers due to its precision and efficacy in sparing healthy tissue.

However, critics argue that Mohs surgery is often overused, driven by financial incentives rather than clinical necessity,³⁸ contributing to immense healthcare costs.³⁹

Note: *We frequently see patients who develop complications from these surgeries.*

The commercialisation of dermatology was further amplified by the entry of private equity firms into the field.⁴⁰ These firms acquired dermatology practices, sometimes staffing them with non-physician providers to maximise profitability.

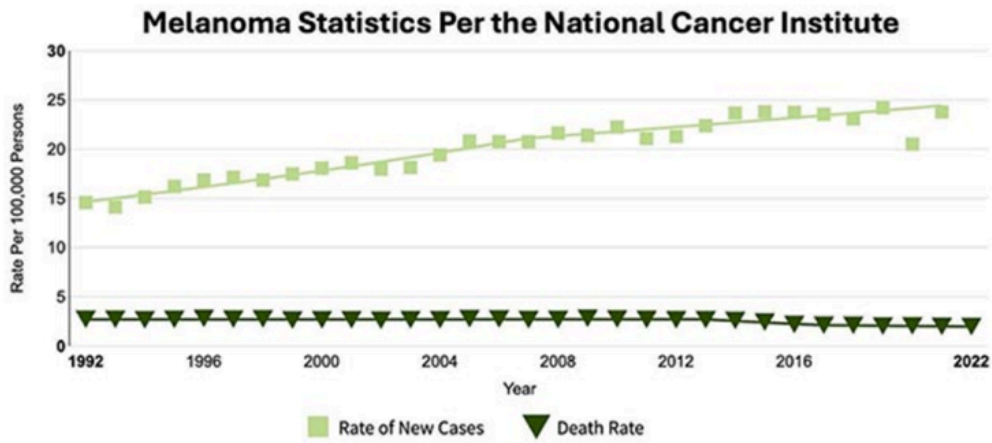
This trend raised concerns about quality of care, with reports of misdiagnoses and over-treatment,⁴¹ particularly in vulnerable populations like nursing home residents – to the point *The New York Times* authored a 2017 investigation on [this exploitative industry](#).

Moreover, the shift towards profit-driven models in dermatology has sparked ethical debates within the medical community. Some dermatologists have voiced concerns over the commodification of skin cancer treatments and the erosion of traditional doctor-patient relationships in favour of more transactional interactions. Despite these challenges, dermatology remains a lucrative field, attracting both medical professionals and investors seeking financial gain from skin care services.

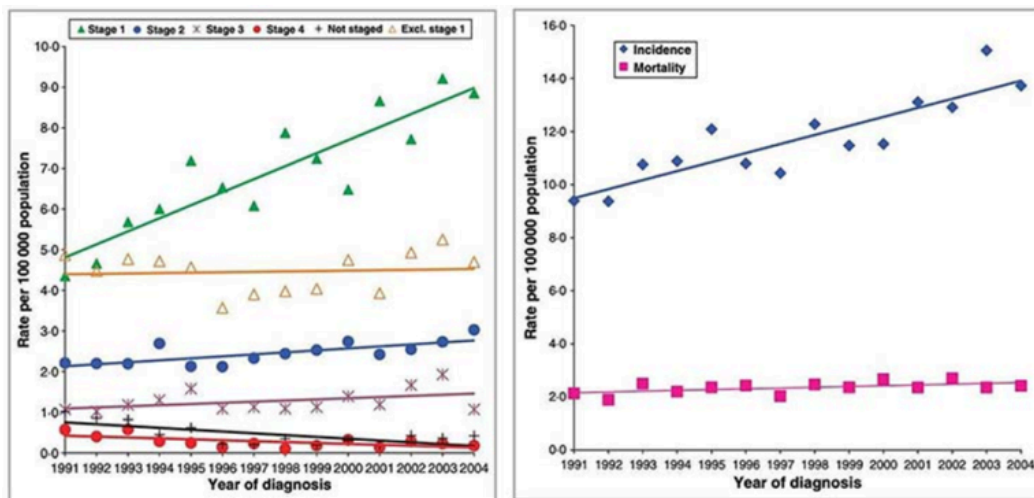
Many in turn are victimised by these exploitative practices. The popular comedian Jimmy Dore for example recently covered the [Great Dermatology Scam](#) after realising he'd been subjected to it.



The Jimmy Dore Show: Bombshell! Most Skin Cancer Deaths Are From LACK Of Sunlight!! 5 May 2024 (35 mins)
Given how much is being spent to end skin cancer, one would expect some results. Unfortunately, like many other aspects of the cancer industry that's not what's happened. Instead, more and more (previously benign) cancers are diagnosed, but for the most part, no significant change has occurred in the death rate.⁴²



The best proof for this came from a study which found that almost all of the increase in “skin cancer” was from stage 1 melanomas⁴³ (which rarely create problems):

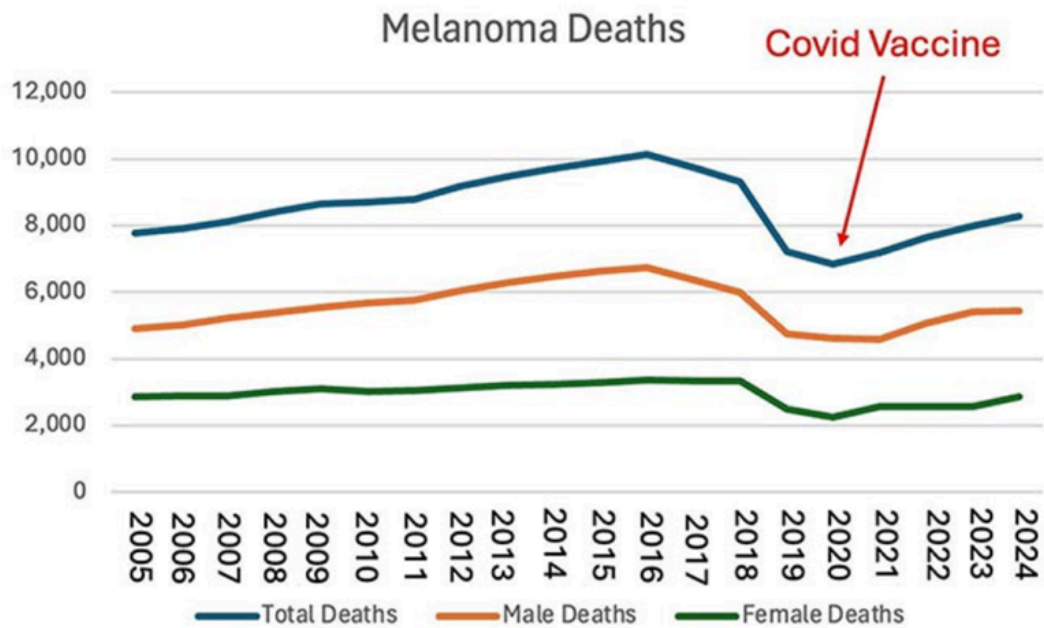


Another study illustrates exactly what the result of our war on skin cancer has accomplished:⁴⁴

Table 1. Long-term Trends in US Age-Adjusted Melanoma Mortality Rates, 1975-2019¹⁹

Year range	APC, % (95% CI)	P value	Interpretation
1975-1988	1.65 (1.30 to 2.00)	<.001	Increasing
1988-2013	0.01 (-1.10 to 0.12)	.85	Stable
2013-2017	-6.28 (-8.52 to -3.97)	<.001	Decreasing
2017-2019	-1.56 (-6.41 to 3.55)	.53	No statistically significant change

Finally, since many suspected the covid vaccines might lead to an increase in melanoma (or other skin cancers), I compiled all the available annual reports from the American Cancer Society⁴⁵ into a few graphs:



Dermatology's need to create a villain (the sun) to justify its racket is arguably one of the most damaging things the medical profession has done to the world. Fortunately, the insatiable greed of the medical industry went too far during covid-19, and the public is now starting to question many of the other exploitative and unscientific practices we are subjected to and it is my sincere hope our society will begin re-examining dermatology's disastrous war against the sun.

Author's note: This is an abbreviated version of a full-length article that also discusses safer ways to treat or prevent skin cancer and the nutritional approaches (e.g., avoiding seed oils) which facilitate healthy sun exposure. For the entire read with much more specific details and sources, please click [HERE](#).

- ^{1, 2} [Huffington Post, January 4, 2015](#)
- ³ [Amazon "Politics in Healing" BioMed Publishing December 2001](#)
- ⁴ [Union of Concerned Scientists, October 10, 2017](#)
- ⁵ [Amazon "War on Ivermectin" Skyhorse January 2023](#)
- ⁶ [Am J Public Health 2009 October; 99\(Suppl 2\): S236-S242](#)
- ⁷ [J R Coll Physicians Edinb 2017 Sep;47\(3\):276-280](#)
- ⁸ [Whale.To, Accessed June 2024 \(Archived\)](#)
- ⁹ [Annals of Epidemiology 2009 Jul;19\(7\):468-83](#)
- ¹⁰ [Natural Light is An Essential Nutrient, June 14, 2024](#)
- ¹¹ [Journal of Internal Medicine 2016 Oct;280\(4\):375-87](#)
- ^{12, 13} [American Academy of Dermatologists, Accessed June 2024](#)

- ¹⁴ [Skin Cancer Foundation, February 2024](#)
- ^{15, 20} [American Cancer Society, October 31, 2023](#)
- ¹⁶ [Moffitt Cancer Center, Accessed June 2024](#)
- ¹⁷ [Canadian Cancer Society, Accessed June 2024](#)
- ¹⁸ [Skin Cancer Foundation, February 9, 2023](#)
- ¹⁹ [City of Hope, October 20, 2022](#)
- ²¹ [CDC, July 2019 \(Archived\)](#)
- ^{22, 23} [American Cancer Society, January 2024](#)
- ²⁴ [Journal of National Cancer Institute 2005 Feb 2;97\(3\):195-9](#)
- ^{25, 26} [Mutation Research. 1998 Nov 9;422\(1\):113-7](#)
- ²⁷ [Dermato-Endocrinology, Jan \(2015\); Vol. 7, No. 1: e1004018](#)
- ²⁸ [Environmental Working Group, Accessed June 2024](#)
- ²⁹ [Environmental Health Perspectives. 2022 May; 130\(5\): 054002](#)
- ³⁰ [BOB, March 24, 2023](#)
- ^{31, 33} [Tidsskr Nor Legeforen. Nov 2019; Vol. 139. doi: 10.4045/tidsskr.19.0285 \(Archived\)](#)
- ³² [Amazon “Health and Light” Pocket April 2000](#)
- ³⁴ [Dermatology’s Disastrous War Against The Sun, April 21, 2024](#)
- ³⁵ [OJCPC-Dermatology, March 9, 2018 \(Archived\)](#)
- ³⁶ [Reagan Presidential Library, March 22, 1985](#)
- ³⁷ [Care Credit, August 22, 2022](#)
- ³⁸ [Journal of Investigative Dermatology May 2013; volume 133, issue 5, P1129-1131](#)
- ³⁹ [Amazon “An American Sickness” Penguin Press April 2017](#)
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- ⁴² [National Cancer Institute, Accessed June 2024](#)
- ⁴³ [Acta Biol Med Ger. 1975;34\(8\):1321-32](#)
- ⁴⁴ [JAMA Network Open. Dec 2022;5\(12\):e2245269](#)
- ⁴⁵ [American Cancer Society. Cancer Facts & Figures; 2024](#)

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I’m grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD’s work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.

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